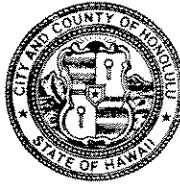


DEPARTMENT OF THE MEDICAL EXAMINER
CITY AND COUNTY OF HONOLULU

835 IWI LEI ROAD • HONOLULU, HAWAII 96817
 TELEPHONE: (808) 527-6777 • FAX: (808) 524-8797 • INTERNET: www.co.honolulu.hi.us

JEREMY HARRIS
 MAYOR



KANTHI VON GUENTHNER, M.D.
 CHIEF MEDICAL EXAMINER

WILLIAM W. GOODHUE, JR., M.D.
 FIRST DEPUTY MEDICAL EXAMINER

GAYLE F. SUZUKI, M.D.
 DEPUTY MEDICAL EXAMINER

April 12, 2004

DOCUMENT CHECKLIST

RE: Fukuoka, Mitsuko M.E. # 02-1079*

To obtain documents listed below concerning the above subject matter, a written request either with subpoena or the signature of the Administrative Representative of the Estate is required. If you request without a subpoena, we will forward your request to the Corporation Counsel for final disposition. Following Corporation Counsel's approval, please indicate below the items you wish to obtain and follow the attached instruction sheet.

<u>Item</u>	<u>Avail</u>		<u># of Items</u>	<u>Requesting Items</u>	
	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
35 mm slides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Polaroids	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Micro slides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>15</u>	<input type="checkbox"/>	<input type="checkbox"/>
Tissues	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
X-rays	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Digital photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>8</u>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____					
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Requesting items as checked above:

 Signature of Requestor & Date

EXHIBIT 6

PROCEDURES FOR OBTAINING DUPLICATE DOCUMENTS

35mm Slides and Polaroids

Make arrangements with a photo shop of your choice to have these duplicated. Call our office (527-6777) and let us know who will be duplicating the slides/polaroids. We will take our originals to the photo shop and pick them up when completed. **YOU WILL BE RESPONSIBLE FOR PICKING UP AND PAYING FOR THE DUPLICATE COPIES.**

Digital Photographs

Digital photographs can be forwarded to you on a CDROM disk, at a cost of \$5.00 per disk. Hard copy prints of the images (printed on laser color copy paper – not photographic paper) can be requested at a cost of \$5.00 per page. Images will be printed two 4" x 6" images per 8-1/2" x 11" page, one sided only.

Micro Slides

There is an advanced fee of \$10.00 per slide. As soon as payment is received, we will make the duplicate copies and call you when they are ready for pick up. Slides may require up to 2 weeks to prepare depending on the complexity of the case.

Tissues

Available to the next-of-kin by receipt of a letter except in criminal cases in which case a subpoena is required. When the case has been adjudicated, a subpoena will no longer be necessary. All other persons requesting tissue specimens must do so by means of a subpoena.

Release and preparation of tissue must be done by or under the supervision of the pathologist who performed the autopsy. The Medical Examiner's lab will prepare, embed in paraffin wax, and cut and mount sections on slides. The slides will be available as stained or unstained specimens. There will be an additional \$5.00 fee per slide for this additional preparation (total charge per slide - \$15.00).

X-rays

Make arrangements with a radiological facility/hospital of your choice to have these duplicated. Call our office and let us know who will be duplicating the x-rays. We will take our originals to the facility/hospital and pick them up when completed. **YOU WILL BE RESPONSIBLE FOR PICKING UP AND PAYING FOR THE DUPLICATE COPIES.**

APPLICABLE FEES ARE PAYABLE TO THE DEPARTMENT OF THE MEDICAL EXAMINER, 835 Iwilei Road, Honolulu, Hawaii 96817.

CITY AND COUNTY OF HONOLULU
DEPARTMENT OF THE MEDICAL EXAMINER

INVESTIGATION OF DEATH

Date: 08/16/2002 Case No. 02-1079*

Name of Deceased: FUKUOKA, Mitsuko

Address: 1101-1 Kibune Shizuoka, Hamakaita-Shi, Japan

Age: 43 Sex: F Race: Japanese Marital Status: Married

Birthdate: 02/02/1959 Birthplace: Japan Ht: 63 Wt: 130

Occupation: SSN:

Next of Kin: FUKUOKA, Shiroh Relationship: Husband

Address: Same address Telephone: 053-585-0517

Pronounced dead by: Dr James PEARCE Time: 17:11 hrs. Date: 08/16/2002

Place of death: CCU, Castle Medical Center, Kailua, HI Incident at work: No

Place of incident: Heeia Kea Boat Harbor, 46-509 Time: 10:35 hrs. Date: 08/14/2002
Kamehameha Highway, Kaneohe, Hawaii 96744

Notified by: Stan @ CMC-CCU Time: 17:40 hrs. Date: 08/16/2002

Arrival at scene: Time: 18:10 hrs. Date: 08/16/2002

Visual ID by: FUKUOKA, Shiroh Time: 18:30 hrs. Date: 08/16/2002

Relationship: Husband Telephone: 053-585-0517

Address: Same address

Witnessed by: James ANNINO MEI

Other ID by: Prints on file Time: hrs. Date: / /

Removal from scene: Time: 18:45 hrs. Date: 08/16/2002

Attendants: J. CULLEN APT

Arrival at C&C Morgue: Time: 19:10 hrs. Date: 08/16/2002

Police Investigators: K. OSMOND HPD-02-315747n

Personal property taken: No


James R. ANNINO

Medical Examiner's Investigator

INVESTIGATION OF DEATH
RE: FUKUOKA, Mitsuko
Page 1

CASE NUMBER 02-1079*
Possible Drowning

SYNOPSIS:

The decedent, a tourist from Japan, was taking part in an underwater adventure, where participants are outfitted with a round plastic helmet that fits over the head and shoulders and is attached to an air hose that feeds air from the boat. There are six participants to two instructor/guides and they dive from 12 to 15 feet and then walk along the ocean floor. On 08-14-02 the decedent was walking along the ocean floor when she began trying to climb the ladder to the boat. One of the instructors noticed she was having trouble and went to help her. When they got her to the surface she was unresponsive. CPR was initiated and the decedent coughed up some type of bloody material. She was then transferred to Castle Medical Center where she was admitted to the CCU. She remained in that unit until her expiration on 08-16-02.

POSITION OF DECEDENT:

When first observed by this writer the decedent was supine on a hospital bed with her head in the south direction. She was intubated at the oral cavity and was covered with a white sheet from the neck to the feet. Removal of this sheet revealed the remains of an adult female who was attired in a blue print hospital gown. An external, visual examination of the remains revealed IV needles in the right and left inner elbow regions and a Foley Catheter in place.

SCENE:

The scene of death was Room 5, CCU, Castle Medical Center, Kailua, Hawaii.

The incident scene was Heeia Kea Boat Harbor, 46-509 Kamehameha Highway, Kaneohe, Hawaii.

SCENE VISITED:

The incident scene was not visited.

WITNESSES INTERVIEWED:

FUKUOKA, Shiroh
Husband of the decedent

FUKUOAKA was interviewed in the CCU of Castle Medical Center on or about 1830 hours 08/16/02.

FUKUOKA related that the decedent had no known medical history, was not consulting a physician for any reason, and was not on any prescribed medications.

INVESTIGATION OF DEATH
RE: FUKUOKA, Mitsuko
Page 2

CASE NUMBER 02-1079*
Possible Drowning

FUKUOKA also related that the decedent was a very good swimmer and that on the day of the incident she was not complaining of any pain or illness.

MORISHIGE, Hideo
Representative
Morning Star Cruises
DBA/Kaneohe Bay Ocean Sports
239-8886

MORISHIGE related that the dive boat that the decedent was on had two instructors per every six students. The dive consisted of students and instructors putting on a clear plastic, round helmet that covered the head and went to the shoulder area. An air line runs from the boat to the helmet and provides a continuous air supply to the helmet. The students and instructors dive to depths of twelve to fifteen feet. On the day of the incident the decedent was at a depth of about fifteen feet when one of the instructors saw the decedent in some kind of trouble she was trying to reach the underwater ladder from the boat but was having difficulty in walking toward it. The instructor went to her aid and assisted her to the ladder. The decedent was unable to climb the ladder and the instructor pulled her to the surface. She was taken aboard the boat where she was found to be unresponsive and CPR was initiated aboard the boat.

WEAPONS USED:

None

INFORMATION FROM LAW ENFORCEMENT PERSONNEL:

None

MEDICATIONS:

None

PROPERTY RECOVERED:

None

RECHECK AT MORGUE:

An external, visual reexamination of the remains was made after admission to the City & County of Honolulu, Medical Examiner Facility at 1910 hours 08-16-02. It was noted that the remains were those of an adult female was cool to the touch and whose limbs were flaccid.

INVESTIGATION OF DEATH
RE: FUKUOKA, Mitsuko
Page 3

CASE NUMBER 02-1079*
Possible Drowning

INJURIES:

None visible

SURGICAL INCISIONS:

None

OLD SCARS:

Old scars were noted on the right knee and right upper shin and in the left knee area.

TATTOOS OR OTHER MARKS ON BODY:

None

CLOTHING:

None

NOTIFICATION OF NEXT OF KIN:

FUKUOKA, Shiroh
Husband of the decedent


FUKUOKA was present at the hospital and was aware of the death of his wife. He was advised of the procedures for the disposition of the remains on 08-16-02.

ORGAN/TISSUE DONATION:

None

NOTES:

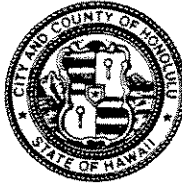
None


JAMES R. ANNINO
INVESTIGATOR - MED
2130 hours 20 August 2002

DEPARTMENT OF THE MEDICAL EXAMINER
CITY AND COUNTY OF HONOLULU

835 IWILOI ROAD • HONOLULU, HAWAII 96817
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JEREMY HARRIS
MAYOR



KANTHI VON GUENTHNER, M.D.
CHIEF MEDICAL EXAMINER

WILLIAM W. GOODHUE, JR., M.D.
FIRST DEPUTY MEDICAL EXAMINER

Gayle F. Suzuki, M.D.
DEPUTY MEDICAL EXAMINER

AUTOPSY REPORT
Case No. 02-1079

RE: FUKUOKA, Mitsuko

DATE OF DEATH: August 16, 2002

DATE, TIME, AND PLACE OF EXAMINATION: August 19, 2002
10:24 hrs.
C & C Medical Examiner

BRIEF HISTORY:

The decedent is a 43-year-old Japanese national, a tourist from Japan, reportedly with no known medical history, who was not consulting a physician for any reason, not on any prescribed medications, had not complained of any pain or illness, and was a very good swimmer. She was participating in underwater diving consisting of walking along the ocean floor at a depth of 12-15 feet outfitted with a round plastic helmet fitting over her head and resting on her shoulders and attached to an air hose feeding compressed air from a barge. She signaled distress to an instructor/guide, then became unresponsive while being assisted in climbing the ladder to the barge. Resuscitation was initiated on site and continued in the emergency room of Castle Medical Center where she was admitted to the critical care unit. She died on the third hospital day despite therapy and was pronounced.

FINDINGS:

1. Diffuse severe occlusive coronary atherosclerosis.
2. Recent acute myocardial ischemic changes.
3. Increased myocardial interstitial and perivascular fibrosis.
4. Cardiomegaly, 450 grams, with left ventricular hypertrophy, 2.0 cm.

IMMEDIATE CAUSE OF DEATH: a) Asphyxia by drowning, 994.1.

Based on these autopsy findings and the investigative and historical information available to me, in my opinion, this 43-year-old woman died as a result of asphyxia due to drowning as a consequence of a diving accident. Her heart enlargement, areas of diffuse severe coronary artery narrowing by lipids, areas of acute heart cell necrosis due to compromised blood supply, and areas of heart scarring reflecting patchy death of heart muscle due to chronically inadequate coronary blood supply all indicate that a cardiac event, most likely an arrhythmia, contributed to her drowning by causing her to lose consciousness, then to aspirate water from the air-water interface at the base of her diving helmet. She might have begun experiencing the irregular heart beats at the time she first signaled distress. Although her medical history is reported negative, the pattern of her heart enlargement suggests the presence of untreated, perhaps undiagnosed high blood pressure, which in itself and certainly in any combination with any of the above, would be a risk factor as well for cardiac arrhythmia. There was no evidence of air embolism but the depth of the dive would not appear to make air embolism likely. The finding of anthracotic pigmentation in her lungs, possibly from smoking or otherwise inhaling carbonaceous material, and mild emphysema suggests there may have been some decreased lung capacity as well, although this may have been subclinical. Other findings are by and large secondary to those described above.

CONCLUSION:

13. Leiomyomata uteri.
12. Fatty liver, mild.
11. Mild emphysema.
10. Anthracotic pigmentation in pulmonary lymphatic channels.
9. No demonstrable evidence of pneumothorax or air embolism.
8. Cerebral edema with cerebellar tonsillar herniation.
7. Early anoxic encephalomyelopathy.
6. Early acute bronchopneumonia.
5. Pulmonary edema with hyaline membranes evidencing diffuse alveolar damage.

FUKUOKA, Mitsuko

FUKUOKA, Mitsuko

Case No. 02-1079
Page 3

Due to: b) Accidental drowning & submersion
while engaged in sport or
recreational activity w/ diving
equipment, E910.1.

CONTRIBUTING CAUSE OF DEATH: a) Ischemic heart disease, 414.9.

b) Cardiomegaly, 429.3.

MANNER OF DEATH: The manner of death is, in my opinion, accidental.

COMPLETION DATE OF DEATH CERTIFICATE: August 19, 2002


WILLIAM W. GOODHUE, JR., M.D.
FIRST DEPUTY MEDICAL EXAMINER
September 6, 2002

FUKUOKA, Mitsuko

Case No. 02-1079
Page 4

AUTOPSY PROTOCOL
Department of the Medical Examiner
City and County of Honolulu

This autopsy is performed by Dr. William W. Goodhue, Jr.
with the assistance of Mr. Chris Paul.

EXTERNAL EXAMINATION: The body is identified by a tag on the right great toe and hospital identification bands on the right wrist and left forearm. It is completely disrobed when first seen and is unaccompanied by items of clothing. The body is that of a well-nourished, well-developed Japanese female of average build that appears compatible with the listed age of 43 years. The length is 63 inches and the weight is 130 pounds. It is well preserved and embalming has not been done.

Rigor: Well developed in masseter muscles and in the extremities.

Lividity: Present on posterior dependent parts.

Temperature: That of the refrigeration unit.

Skin: Unremarkable except as described elsewhere.

Hair: Straight, long, black, measuring 20 cm at the vertex.

Scalp: Unremarkable.

Ears/Nose: Unremarkable.

Eyes: Appear somewhat protuberant. There are no conjunctival petechiae or is conjunctival injection evident.

Mouth/Lips: Lips are pale. Maxillary, mandibular, and lingual frenulums are intact.

Teeth: In adequate repair. A mandibular incisor is absent, possibly artifactually related to resuscitative intubation procedures.

Face/Neck: Unremarkable except as described elsewhere.

Chest/Breasts: Unremarkable.

Arms/Hands/Fingernails/Legs/Feet/Toenails: Nail beds are pale. Otherwise, unremarkable.

Abdomen: Slightly scaphoid.

FUKUOKA, Mitsuko

Case No. 02-1079

Page 5

Back/Anus: Unremarkable.

External Genitalia: Normal adult female.

IDENTIFYING MARKS (Scars, Tattoos, Other):

Scars:

1. Scars, multiple, variably sized, anterior left patella, ranging from 0.5 to 5 cm in greatest dimension, in an aggregate area 5 x 5 cm.
2. Scars, multiple, anterior left lower leg, ranging in size from 0.5 to 1 cm, in an aggregate area approximating 13 x 5 cm.
3. Scars, multiple, right lower leg, ranging in size from 0.5 to 3 cm, in an aggregate area approximating 19 x 8 cm.
4. Scars, multiple, anterior right patella, ranging in size from 0.5 to 2 cm, in an aggregate area approximating 7 x 5 cm.
5. Punctate depigmented scars, right inframaxillary, having dimensions up to 0.2 cm in cross dimension, in an aggregate area 2 x 1 cm.

Tattoos: None identified

NEEDLE TRACKS/PUNCTURE WOUNDS: None identified.

MEDICATIONS WITH BODY: None.

EVIDENCE OF TREATMENT:

1. Nasogastric tube
2. Endotracheal tube
3. Vascular access sites, right jugular area, left antecubital fossa, left wrist, right antecubital fossa, right forearm, right wrist

EVIDENCE OF INJURY: None.

INTERNAL EXAMINATION:

Head/Central Nervous System: Reflection of the scalp shows the usual scattered reflection petechiae. The calvarium is intact. Removal of the calvarium shows the epidural space to be normal. No collections of subdural blood are present. The brain

FUKUOKA, Mitsuko

Case No. 02-1079

Page 6

is removed in the usual manner and weighs 1,560 grams. The leptomeninges are smooth and glistening. Convexities of the cerebrum and cerebellum are symmetrical. The gyri are diffusely widened and the sulci are diffusely thinned. The brain subjectively appears diffusely softened. There is notching bilaterally of the cerebellar tonsils. The vessels at the base of the brain are normally located and no anomalies or significant atherosclerosis is identified. Serial sections of the brain show the cerebral cortical ribbon to be intact. The lateral ventricles are normal. Sections show bilateral duskeness of the basal ganglia with punctate prominence of vascularity. The usual anatomical landmarks of the cerebrum, midbrain, cerebellum, pons and medulla demonstrate no abnormalities. Removal of the dura from the base of the skull shows the usual anatomical features without abnormalities. The pituitary fossa is unremarkable. The foramen magnum demonstrates the normal orientation and the first portion of the spinal cord viewed through the foramen magnum is unremarkable. The spinal cord is removed from the low cervical through the high sacral areas by an anterior approach and subjectively shows patchy softening. There is no epidural, subdural, subarachnoid, or intraparenchymal hemorrhage involving the spinal cord.

Neck Organs: Examination of the soft tissues, cartilaginous and bony structures of the neck demonstrates no abnormalities with the usual anatomical relationships preserved. Dissection of neck musculature shows no evidence of soft tissue hemorrhages or fractures of bony or cartilaginous structures.

Body Cavities: Pneumothorax is not demonstrable by inserting a fluid-filled syringe into both pleural cavities prior to opening the body. The body cavities are opened in the usual manner. The pleural and peritoneal surfaces are smooth and glistening and the pericardium is unremarkable. The mediastinum and retroperitoneum show the usual anatomical features. The leaves of the diaphragm are intact and the organs are anatomically located. There is no internal evidence of injury within the thoracic or abdominal cavities.

Cardiovascular System: The heart weighs 450 grams. Air embolism is not identifiable by inserting a fluid-filled syringe into chambers of the heart immediately after reflecting the pericardium and prior to incising the heart and great vessels. Examination of the epicardium shows it to be intact. The chambers demonstrate the usual shape. The right and left ventricular wall thicknesses respectively measure 2 and 0.3 cm. The interventricular septum at the same level measures 2 cm in thickness. The coronary arteries are normally configured but have lumina which are multifocally and diffusely severely narrowed over 75% by lipid deposits. Although this process is diffuse, the left coronary artery distribution is more affected

FUKUOKA, Mitsuko

Case No. 02-1079

Page 7

than is that of the right. Cut surfaces of the myocardium show a normal color. The valves are intact with the usual anatomical relationships. The aorta follows the usual course and exhibits mild atherosclerosis in the form of yellow streaking, principally in its abdominal portion. The origins of the major vessels are normally located and unremarkable. The great vessels of the venous return are in the usual position and unremarkable.

Respiratory System: The larynx, trachea and bronchi have lumina containing abundant finely frothy, foamy material. The right and left lungs weigh 1,000 and 870 grams, respectively, and appear diffusely and firmly distended with prominence of subpleural lymphatic channels. Cut surfaces show diffusely dusky, red rubbery parenchyma with finely frothy fluid exuding spontaneously and more prominently under pressure from all portions of both lungs. The pulmonary vessels occupy the usual relationships without evidence of emboli.

Hepatobiliary System: The liver weighs 1,500 grams and has a smooth, glistening surface. Cut surfaces show the usual anatomical landmarks with a deep red parenchyma. The gallbladder contains approximately 40 cc of bile and no abnormalities are present in the mucosal lining. The biliary tree is normally located and no abnormalities are demonstrated.

Lymphoreticular System: The spleen weighs 120 grams and has a smooth, glistening capsule and an unremarkable parenchyma. The thymus is unremarkable for age. The lymph nodes show no notable pathological change.

Urinary System: The right and left kidneys weigh 230 and 250 grams, respectively. The cortical surfaces are smooth and glistening with good preservation of the cortex and good cortico-medullary differentiation. The pelves and ureters are unremarkable. The bladder is unremarkable and contains 40 cc of straw-colored urine.

Internal Genitalia: Examination of the vaginal vault internally shows the usual rugal pattern without abnormalities. The uterus occupies the usual position and is of a normal size. Subserosal uterine leiomyomas are identified. The endometrium is unremarkable. The adnexa lie in the usual position with normal gross anatomical features.

Gastrointestinal Tract: The pharynx and esophagus are unremarkable. The stomach lies in a normal position and contains 50 cc of somewhat flocculent-appearing watery material amidst which no pills, tablets, or other medicaments can be identified. The mucosal lining of the stomach is intact. The small bowel and large bowel are unremarkable. The appendix is present.

FUKUOKA, Mitsuko

Case No. 02-1079
Page 8

Endocrine System: The pituitary, thyroid, adrenals and pancreas show the usual anatomical features without evidence of natural disease or injury.

Musculoskeletal System: No fractures are identified and the skeletal muscle demonstrates the normal appearance. The bone marrow where visualized is unremarkable.

Miscellaneous: The abdominal fat measures approximately 5 cm in thickness without abnormalities. No hernias are identified.

TOXICOLOGY: See attached report of Medical Examiner Laboratory.

MICROSCOPIC:

Coronary arteries:

Severe occlusive coronary atherosclerosis

Heart: Myocyte hypertrophy

Patchy increase in myocardial interstitial and perivascular fibrosis

Severe obliterative fibrous scarring in papillary muscles of the mitral valve with myocardial contraction band necrosis in papillary of mitral valve evidencing recent ischemic myocardial injury

Lungs: Anthracotic pigmentation in peribronchial lymph nodes

Presence of germinal centers in focal peribronchial lymph node follicles

Acute congestion with patchy fresh confluent intra-alveolar hemorrhage

Presence of intra-alveolar histiocytes

Pulmonary edema

Ectasia of pulmonary lymphatic channels

Patchy presence of hyaline membranes

Early acute bronchopneumonia

FUKUOKA, Mitsuko

Case No. 02-1079

Page 10

Spinal cord: Segmental anoxic myelopathy including
vascular congestion, patchy intraparenchymal
hemorrhages, neuronal dropout, and patchy
necrosis of the neuropil

CITY AND COUNTY OF HONOLULU
DEPARTMENT OF THE MEDICAL EXAMINER
LABORATORY REPORT FORM

Name of Deceased: FUKUOKA, Mitsuko
Requested by: WILLIAM W. GOODHUE, JR., M.D.
Case no: 02-1079*

SPECIMENS

[X] BLOOD [X] VITREOUS [X] BILE [X] NaF [X] OTHER:
[X] URINE [] GASTRIC [X] ORGANS
[X] HOLD [] SAVE [] DISCARD

TESTS REQUESTED/RESULTS

ALCOHOL CONTENT [X] WHOLE BLOOD: .000 %
[] VITREOUS: %
[] URINE: %

ACID PHOSPHATASE (QUAL.)

ACID PHOSPHATASE (QUANT.)
[] VAGINAL: [] U/L
[] ANAL: [] U/L
[] ORAL: [] U/L

BLOOD TYPE

[] RH:

CARBON MONOXIDE

[] % SATURATED

CHLORIDE

[] LEFT HEART: MEQ/L
[] RIGHT HEART: MEQ/L

CULTURE

[] SENT TO STATE BOARD ON: / /

SPERMATOZOA

[] VAGINAL:

[] ANAL:

[] ORAL:

[X] TOXICOLOGY SCREEN

[X] HISTOLOGY: 15

[X] SPECIAL: 5

[] TOXICOLOGY QUANTITATIVE
SENT TO: / /
DATE: / /

Karen A. Roeller

Technologist
08/26/2002

FUKUOKA, Mitsuko

Case No. 02-1079
Page 2

TOXICOLOGY SCREEN:

BLOOD, URINE (0.5 ML):

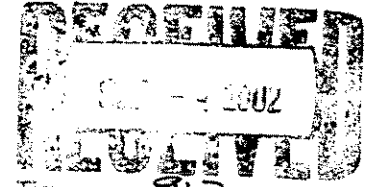
BLOOD: PROBABLE ACETAMINOPHEN

STATE OF HAWAII
DEPARTMENT OF HEALTH
Office of Health Status Monitoring
P.O. Box 3378
Honolulu, Hawaii

AUGUST 30, 2002

WILLIAM W. GOODHUE, JR., M.D.
OFFICE OF THE MEDICAL EXAMINER
835 IWILEI ROAD
HONOLULU, HI 96817

Certificate No.



Dear Doctor:

The death certificate for **MITSUKO FUKUOKA**
who died on **AUGUST 16, 2002** at **CASTLE MEDICAL CENTER** By **[Signature]** **MEDICAL EXAMINER**
is not complete.

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
25. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	IMMEDIATE CAUSE (a) ASPHYXIA		
	DUE TO OR AS A CONSEQUENCE OF: (b) DROWNING		
	DUE TO OR AS A CONSEQUENCE OF: (c) DIVING ACCIDENT		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(a) Ischemic heart disease Cardiomegaly			26a. AUTOPSY (YES OR NO) YES 26b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? YES
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) ACCIDENT	27b. DATE OF INJURY (MONTH, DAY, YEAR) AUGUST 14, 2002	27c. HOUR 10:35AM	27d. DESCRIBE HOW INJURY OCCURRED THE DECEDENT BECAME UNRESPONSIVE WHILE UNDERWATER WITH DIVING EQUIPMENT.
27e. INJURY AT WORK (SPECIFY YES OR NO) NO	27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) OCEAN		
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) HEEIA KEA BOAT HARBOR, 46-509 KAMEHAMEHA HIGHWAY, KANEOHE, HAWAII			

Per phone call of August 27, 2002, you wish to change the entry in item #25. – Part II.

Please re-certify item checked in red above.

DATE SIGNED **✓ 9-6-02**

SIGNATURE

[Signature] M.D.
A prompt reply will be appreciated. You may use the enclosed envelope.

Note:


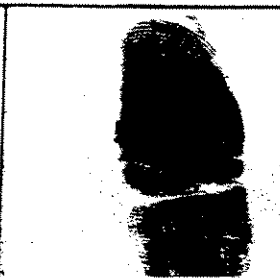
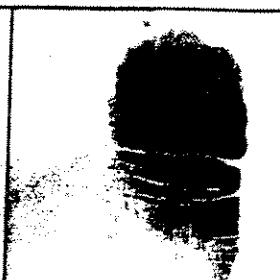
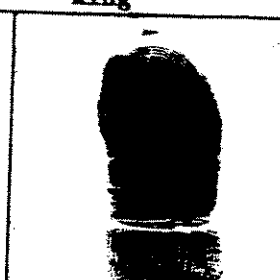
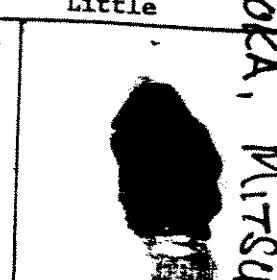
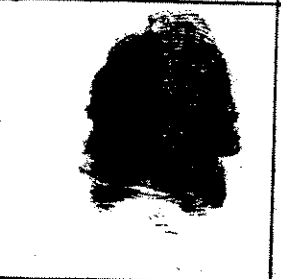
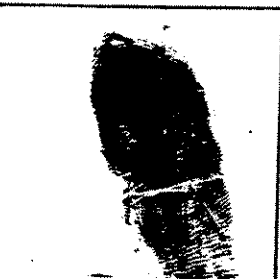
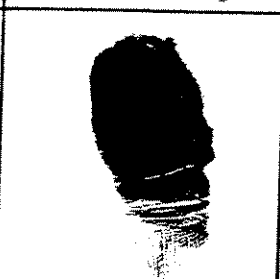
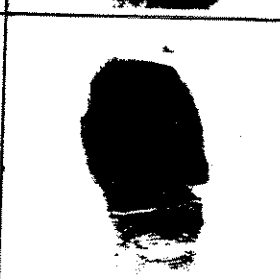
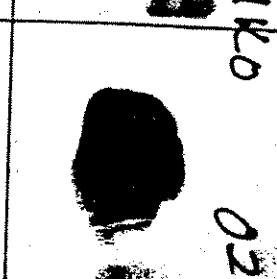
Please call 586-4540
if there are any questions.

Very truly yours,

Alvin T. Onaka
Deputy State Registrar

1. DECEASED — FIRST NAME		MIDDLE NAME		LAST NAME		2. SEX		3. DATE OF DEATH (MONTH, DAY, YEAR)	
4a. RACE		4b. IS PERSON OF SPANISH ORIGIN? 1. J Puerto Rican 2. J Mexican 3. J Cuban 4. J Central American 5. J Other & Unknown Spanish Origin		5a. AGE — LAST BIRTHDAY (Years)		5b. UNDER 18: HOURS MIN.		5c. UNDER 18: DATE MONTH DAY YEAR	
7a-1. ISLAND OF DEATH		7b. CITY, TOWN OR LOCATION OF DEATH		7c. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		7d. IF HOSP OR INST. INDICATE DOA, OPERM, IM, INPATIENT (SPECIFY)		August 16, 2002 7e. COUNTY OF DEATH	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		9. CITIZEN OF WHAT COUNTRY		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		14b. KIND OF BUSINESS OR INDUSTRY		14c. INSIDE CITY LIMITS (SPECIFY YES OR NO)		14d. EDUCATION (Specify highest grade completed)	
15a. RESIDENCE STATE		15b. COUNTY		15c. CITY, TOWN OR LOCATION		15d. NUMBER, STREET AND ZIP		15e. INSIDE CITY LIMITS (SPECIFY YES OR NO)	
16. FATHER — FIRST NAME		MIDDLE NAME		LAST NAME		17. MOTHER — FIRST NAME		MIDDLE NAME	
18a. INFORMANT — NAME		18b. MAILING ADDRESS (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP)		19a. CEMETERY OR CREMATORY NAME		19b. LOCATION		19c. CITY OR TOWN	
19d. BURIAL, CREMATION, REMOVAL (SPECIFY)		19e. PERMIT NUMBER		20a. FUNERAL HOME NAME		20b. FUNERAL DIRECTOR SIGNATURE		STATE	
19d. DATE (MONTH, DAY, YEAR)		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #21b through #21g where applicable) (Signature and Title)		21b. DATE SIGNED (MO., DAY, YR.)		21c. TIME OF DEATH		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	
21a. DATE SIGNED (MO., DAY, YR.)		21b. DATE SIGNED (MO., DAY, YR.)		21c. TIME OF DEATH		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT)	
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21a. DATE SIGNED (MO., DAY, YR.)		21b. DATE SIGNED (MO., DAY, YR.)		21c. TIME OF DEATH					

Police: K. OSMOND, c/ HPD
 DOD: 081602
 Class: Unattended Death
 HPD #: 02-315747

	Thumb	Index	Middle	Ring	Little
Right					
Left					

Printed By: James ANNINO, M.E. Investigator

Date/Time: 081602 1930 hours

Location: C&C Morgue

In Presence of: J. CULLEN APT

IDENTIFICATION:

HDL #

A-

State I.D. #

HOW IDENTIFIED:

___ Positive ID thru fingerprint comparison

___ ID thru other means - refer to investigator's report.

Signature _____

Date/Time _____

IDENTIFIED AS:

Name: FUKUOKA, Mitsuko
 Address: 1101-1 Kibune Shizuoka, Hamakaita-Shi, Japan
 Race/Sex: Japanese Female
 Age & DOB: 43 020259
 Social Security #:
 Height: 5'3" (63")
 Weight: 130 lbs

ADDITIONAL INFORMATION:

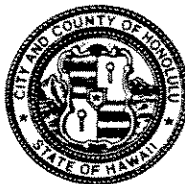
FUKUOKA, MITSUKO

02-315747

DEPARTMENT OF THE MEDICAL EXAMINER
CITY AND COUNTY OF HONOLULU

835 IWILEI ROAD • HONOLULU, HAWAII 96817
TELEPHONE: (808) 527-6777 • FAX: (808) 524-8797 • INTERNET: www.co.honolulu.hi.us

JEREMY HARRIS
MAYOR



KANTHI VON GUENTHNER, M.D.
CHIEF MEDICAL EXAMINER

WILLIAM W. GOODHUE, JR., M.D.
FIRST DEPUTY MEDICAL EXAMINER

BANI H. WIN, M.D.
DEPUTY MEDICAL EXAMINER

Date Aug. 19, 2002

Dear Sirs:

I hereby request copies of the autopsy report in the case(s)
of Mitlenko Fukuska 02-1079
who died here under investigative circumstances on 8-16-02.

My payment in the amount of \$ —, covering the cost of the
report, is enclosed.

Name Dept. of Land & Natural Resources
Address c/o Officer Wesley Thundy
1151 Punchbowl St.
Hon. 96813

Enclosure

For office use only: Receipt No. —
Amount \$ —
Date —

WCH

Sent 9/10/02



GRAY W. NELSON & COMPANY

PD License #383

State Adjuster License #102604

INSURANCE ADJUSTERS AND INVESTIGATORS

1154 Fort Street Mall, Suite 410

Honolulu, Hawaii 96813-2714

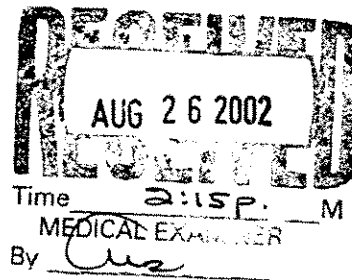
Phone (808) 523-5504

Email: GNCAdjustHawaii@aol.com

Fax (808) 523-5575

August 23, 2002

Department of the Medical Examiner
835 Iwilei Road
Honolulu, HI 96817



RE: Case Number: 02-1079
Deceased: Fukuoka, Mitsuko
D/A: 8/14/02
DOD: 8/16/02
Our Insured: Morning Star Cruises, Inc./KBOS
Our File No.: GNC 077-2002


Dear Sir/Madam:

We are the independent insurance adjustors presenting the above insured and their CGL insurance carrier, Admiral Insurance Company, concerning the investigation of a drowning which may have occurred during the insured's shallow water diving activity.

Enclosed is our check, payable to Department of the Medical Examiner, in the amount of \$5.00 for a complete copy of the Autopsy Report for Mitsuko Fukuoka.

Please forward same at your earliest convenience to my attention at the address above.

Thank you,


Gray W. Nelson
President

GWN:kmg
Encl.: GNC check #3347

Sent 9/10/02



Castle Medical Center

640 Ulukahi Street
Kailua, Hawaii 96734-4498
(808) 263-5500

Date October 25, 2002

OFFICE OF THE MEDICAL EXAMINER
835 IWILEI ROAD
HONOLULU, HI 96817

RE: FUKUOKA, MITSUKO
Date of Death: 8-16-02

Dear Sir:

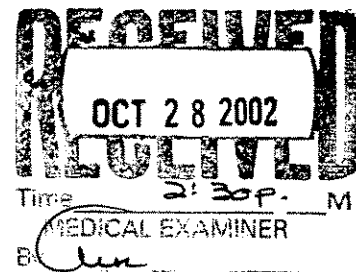
I am requesting a copy of the Medical Examiner's Autopsy Report, for the above-mentioned patient who expired here at Castle Medical Center.

I have enclosed a self-addressed envelope for your convenience.

Thank you for honoring this request.

Sincerely,

Mary Beckley, Health Information Management Coordinator
Castle Medical Center
Medical Records Department



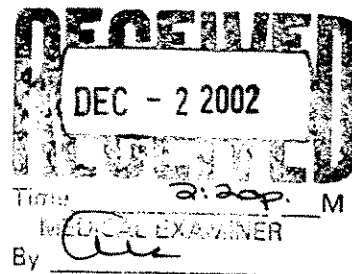
Sent
10/29/2



U.S. Consumer Product Safety Commission
575 Cooke Street, Suite A • PMB 2208 • Honolulu, HI 96813
(808) 733-8710 voice • (775) 263-7538 fax

November 29, 2002

Dr. Kanthi von Guenther
Honolulu Medical Examiner
835 Iwilei Road
Honolulu, Hawaii 96817



Dear Dr. von Guenther,

The U.S. Consumer Product Safety Commission, a federal regulatory agency, is investigating the following death:

Victim: Fukuoka, Mitsuko
Date of death: 08/16/02
Incident: Drowning
Medical Examiner's Case Number: 02-1079

Could you please send a copy of the complete medical examiner's report concerning this case, including the autopsy report, the investigation report, lab reports, and any other reports that you may have.

Please call me if you have any questions. Thank you for your assistance.

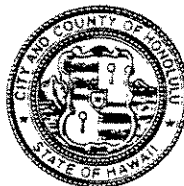
Sincerely,

David G. Cheng
Product Safety Investigator

1st 2 pages
sent 11/29/02
mli

DEPARTMENT OF THE MEDICAL EXAMINER
CITY AND COUNTY OF HONOLULU

335 IWILEI ROAD • HONOLULU, HAWAII 96817
TELEPHONE: (808) 527-6777 • FAX: (808) 524-8797 • INTERNET: www.co.honolulu.hi.us



JEREMY HARRIS
MAYOR

KANTHI VON GUENTHNER, M.D.
CHIEF MEDICAL EXAMINER

WILLIAM W. GOODHUE, JR., M.D.
FIRST DEPUTY MEDICAL EXAMINER

Gayle F. Suzuki, M.D.
DEPUTY MEDICAL EXAMINER

Date May 8, 2003

Dear Sirs:

I hereby request copies of the autopsy report in the case (s) of

Fukuoka Mitsuko

Who died here under investigative circumstances on 8/16/2002

My payment in the amount of \$ 5.00 covering the cost of the report, is enclosed.

Name Toshimitsu Mukai

Address JI Accident & Fire Ins

2250 Kalakaua Ave Honolulu
HI 96815

Enclosure

For office use only: Receipt No. 5900

Amount \$ 5.00

Date

5/8/3 gave 5/8/3
me

AUG-19-02 MON 10:05

NUUANU MORTUARY

FAX NO. 808 528 0816

P. 01/01

Date: 8/19, 2002

02-1079

To: Department of the Medical Examiner

Subject: Authorization to release remains

The undersigned hereby requests and authorizes the release of the
remains of MIYUKO FUKUOKA to Nuuanu Mortuary.

Fukuoka Shinoh

Signature (Relative or Representative)

11011 KIBUNE APT 106

Address

HAMAKITA - SHI SHIBUOKA-KEN, JAPAN 434-0038

City, State, Zip Code

HUSBAND

Relationship

Body released
to DC

M.E. Case No. 02-1079

Honolulu, Hawaii 08/16 20 02

This is to authorize the release of the remains of
FUKUOKA, MITSUKO, deceased,
to NUUANU,
designated as the agent for the funeral arrangements.

Items of clothing: NONE

Posted: Yes ☒ No ☐

Condition of Body:

☒ Normal

☐ Mild Decomposition

☐ Marked Decomposition

☐ Other (describe) _____

Released By: [Signature]

Received By: [Signature]

Date: 8/19/02 Time: 1440